Under the Paperwork Re	duction Act of 1995	. no person are red	uired to res			ark Office; U.S. DE on unless it display		
Under the Paperwork Reduction Act of 1995, no person are required to  Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			4818).	Application Number		Not Yet Assigned		
				Filing Date		Concurrently Herewith		
				First Named Inventor		David Mainwaring		
For FY 2005				Examiner Name		Not Yet Assigned		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		N/A		
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00			) /	Attorney Docket No. 2185		21854-00075-	US1	
METHOD OF PAYME	NT (check all th	nat apply)						
Check Credit	Card M	Ioney Order	None	Other (	please ident	ify):		
x Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hu								_P
For the above-ide					ed to: (chec	k all that apply)	1	
	(s) indicated bel		001011011		,	licated below, <b>e</b>		he filing fee
X Charge any	additional fee(s	s) or underpaym	ent of		any overpa		·	J
FEE CALCULATION	er 37 CFR 1.16 a	and 1.17			-			
	CIL AND EVAN	UNIATION FEE						
1. BASIC FILING, SEAR	*	G FEES		RCH FEES	FXAMIN	IATION FEES	;	
		Small Entity		Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	· · · · · · · · · · · · · · · · · · ·	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65	-	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description	5						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (inch	uding Reissues)						50	25
Each independent claim	over 3 (includin	g Reissues)					200	100
Multiple dependent clain	ns						360	180
<u>Total Claims</u> <u>Ext</u>	Total Claims			id (\$)	ultiple Depend	<u>tiple Dependent Claims</u>		
820 =					Fe	e (\$)	<u>Fee Paid (</u>	<u>\$)</u>
HP = highest number of total								
	<u>ra Claims        F</u> 0          x	<u>ee (\$)</u> =	Fee Pa	id (\$)				
HP = highest number of indep		for, if greater than	3.					
3. APPLICATION SIZE F		, 9						_
If the specification and		d 100 sheets of	paper (e	xcluding electr	onically fil	ed sequence or	computer	
listings under 37 CF					or small er	ntity) for each a	dditional 5	50
sheets or fraction the	ereof. See 35 U	, . , . ,		, ,				
<u>Total Sheets</u> 15 <sub>- 100</sub> =	Extra Sheets			litional 50 or frac			<u>Fee</u>	<u>Paid (\$)</u>
4. OTHER FEE(S)		/50	(	ound <b>up</b> to a who	ne number)	х		Paid (\$)
1 ' '	ation. \$130 fee	e (no small enti	tv discou	int)			1 663	s raid (ψ)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1631 Basic National Stage fee								00.00
1633 National Stage Examination Fee - all other 1632 National Stage Search Fee - all other situations							200.00	
		32 National S	tage Se	arch ⊦ee - all	other situ	ations	5	00.00
SUBMITTED BY								

SUBMITTED BY								
Signature	/Morris Liss/	Registration No. (Attorney/Agent)	24,510	Telephone	(202) 331-7111			
Name (Print/Type)	Morris Liss			Date	October 12, 2006			